

ATTACHMENT 12

SOURCE SELECTION INFORMATION (SEE FAR 3.104)  
FOR OFFICIAL USE ONLY

PAST PERFORMANCE WORKSHEET

Request the **Offeror** complete this questionnaire and provide frank, concise comments regarding your performance on the program identified in C below.

A. OFFEROR NAME (Company/Division) \_\_\_\_\_  
Address: \_\_\_\_\_  
CAGE code: \_\_\_\_\_

B. PROGRAM TITLE: \_\_\_\_\_

C. CONTRACT NUMBER: \_\_\_\_\_  
1. Type: \_\_\_\_\_  
2. Period of Performance: \_\_\_\_\_

D. BRIEF DESCRIPTION OF EFFORT AS: \_\_\_\_\_ PRIME: \_\_\_\_\_ SUBCONTRACTOR  
(Please highlight portions considered most relevant to current acquisition).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. ORIGINAL COMPLETION DATE: \_\_\_\_\_  
1. Current Schedule: \_\_\_\_\_  
2. Estimate @ Completion: \_\_\_\_\_  
3. How many times changed: \_\_\_\_\_  
4. Primary causes of changes: \_\_\_\_\_

F. PRIMARY POINTS OF CONTACT: (the current information on all three individuals)

<u>NAME &amp; OFFICE</u>	<u>PHONE</u>
1. Program Manager: _____	DSN____ Comm_____
2. PCO: _____	DSN____ Comm_____
3. ACO: _____	DSN____ Comm_____

G. Use this space to address any technical (or other) area about this program considered unique.

H. For each of the applicable item under the technical area in Section M, illustrate how your experience on this program applies to that item.

- I. Specify, by name, key individual(s) who will participate in the effort under acquisition and who participated in this program, and indicate their contract role.
- J. For each contract identify if a small business or disadvantages business plan or goals were required. If so, identify in terms of a percentage the planned versus achieved goals during the contract. If goals not met, please explain.